

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** BAYSHORE PINES SOUTH (410560)

**Address:** 3206 WOODLAND RD, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/1999

**Regional Office:** NORTHERN REGION (RHINELANDER), (715) 365-2800

**Survey History**

**Survey ID:** 0095548      **End Date:** 08/29/2005      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009454    Served 09/21/2005

Deficiencies Cited

50.065(3)(b)

83.32(3)

83.42(3)(e)

83.42(3)(f)

Subject Area

COMPLETE BACKGROUND CHECK PROCESS

SIGNING ASSESSMENT AND ISP

QUARTERLY FIRE DRILLS

SLEEPING HOURS EVACUATION DRILL

Compliance  
Verified

Corrected

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Survey ID: 0091873      End Date: 11/13/2003      Type: STANDARD      Purpose: SURVEY/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10009233    Served 01/31/2004**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	08/29/2005	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	08/29/2005	Yes
83.11(3)(a)	RESPONSIBILITIES	08/29/2005	Yes
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	08/29/2005	Yes
83.14(1)(a)1	RESIDENT RIGHTS	08/29/2005	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	08/29/2005	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	08/29/2005	Yes
83.14(3)	INITIAL TRAINING MEDICATIONS	08/29/2005	Yes
83.15(1)(c)1	ADEQUATE STAFFING	08/29/2005	Yes
83.16(1)	ADMISSIONS AGREEMENT	08/29/2005	Yes
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	08/29/2005	Yes
83.21(4)(o)	MEDICATIONS	08/29/2005	Yes
83.21(4)(w)	SAFE ENVIRONMENT	08/29/2005	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	08/29/2005	No
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX	08/29/2005	Yes
83.33(3)(b)2.g	INTERNAL AND EXTERNAL STORED SEPARATELY	08/29/2005	Yes
83.33(3)(e)6	MEDICATION ERRORS AND ADVERSE REACTIONS	08/29/2005	Yes
83.41(13)	HAZARDS TO RESIDENTS	08/29/2005	Yes
83.43(5)(a)	HEAT DETECTORS	08/29/2005	Yes
83.51(3)(a)	SMOKE SEPARATION	08/29/2005	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	08/29/2005	Yes

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Enforcement History**

**Date: 09/19/2005      SOD #10009454      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.32(3)

**Date: 01/29/2004      SOD #10009233      Appealed: Yes      Decision: DISMISSED**

Sanctions

COMPLY WITH REQUIREMENT  
FORFEITURE---83.13(7)(a)9  
FORFEITURE---83.14(1)(a)1  
FORFEITURE---83.14(1)(c)  
FORFEITURE---83.14(1)(d)  
FORFEITURE---83.14(3)  
FORFEITURE---83.21(4)(o)  
FORFEITURE---83.21(4)(w)

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*